

New York City: Urban Measurement of Aerosol and Asthma Survey – Spring 2001

Write in the name of your school: _____

1. Male ___ Female ___
2. Age _____
3. Race (**Check only ONE**):
White ___ Black ___ Hispanic ___ Asian ___ Native American ___
Multi-ethnic ___ Other ___
4. What is the zip code where you live? _____
5. What is the cost of your school lunch? (**Check only ONE**)
Free ___ Reduced Price ___ Full price ___ I do not eat lunch at school ___
6. What is the **highest level** of education completed by either of your parents? (**Check only ONE**)
Some High School ___ High School ___ Some College ___ College ___
Graduate School ___ Other ___
7. Do you have any allergies? Yes ___ No ___
8. Do you have asthma? Yes ___ No ___
9. Has a doctor ever told you that you have asthma? Yes ___ No ___
10. Do any of your family members have asthma? Yes ___ No ___

Only answer the remaining questions if you have asthma.

11. During the past year, how many asthma attacks have you had in?
Fall (Sept., Oct., Nov.): None ___ 1-5 ___ 6-10 ___ More than 10 ___
Winter (Dec., Jan., Feb.): None ___ 1-5 ___ 6-10 ___ More than 10 ___
Spring (Mar., Apr., May): None ___ 1-5 ___ 6-10 ___ More than 10 ___
Summer (June, July, Aug.): None ___ 1-5 ___ 6-10 ___ More than 10 ___
12. Check the season when your asthma attacks are most frequent? Check N/A if you do not have asthma attacks.
Fall ___ Winter ___ Spring ___ Summer ___ N/A ___
13. Where are you most likely to go for treatment when you have an asthma attack? (**Check only ONE**)
Family Doctor Office ___ Specialist ___ Hospital Emergency Room ___
Neighborhood clinic ___ School Nurse ___

UrbanMAAP Asthma Survey Spring 2001

Explanation of Codes

- 1) Gender: enter **M** for male
F for female
- 2) Age: enter the numerical value
- 3) Race: enter **W** for White
B for Black
H for Hispanic
A for Asian
NA for Native American
ME for Multi-ethnic
O for Other
- 4) Zip code enter: numerical value
- 5) Lunch: enter **F** for Free
RP for reduced price
FP for Full Price
- 6) Parent's Education: enter
11 for Some High School
12 for High School
14 for Some College
16 for College
18 for Grad School
O for other
- 7) Allergies: **Y** for yes
N for no
- 8) Asthma: **Y** for yes
N for no
- 9) Doctor diagnosed:
Y for yes
N for no
- 10) Live with someone with asthma:
Y for yes
N for no
- 11a-d) # attacks/season:
0 for none
3 for 1-5
8 for 6-10
10 for more than 10
- 12) Season attacks most frequent:
F for fall
W for winter
SP for spring
S for summer
- 13) Treatment enter:
MD for family doctor
ER for Emergency Room
S for Specialist
C for neighborhood Clinic
RN for school nurse